

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): JAMES A. BISHER JR.

Confirmation No.: 2086

Application No.: 09/845,510

Examiner: ANNAN Q. SHANG

Filing Date: APRIL 30, 2001

Group Art Unit: 2424

Title: SYSTEM AND METHOD FOR MULTICASTING PACKETS IN A SUBSCRIBER NETWORK

Mail Stop Amendment

Commissioner for Patents

PO Box 1450

Alexandria, VA 22313-1450

TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

Sir:

Transmitted herewith is/are the following in the above-identified application:

- ☒ Response/Amendment ☐ Request to extend time to respond  
☐ New fee as calculated below ☐ Supplemental Declaration  
☒ No additional fee  
☐ Other: \_\_\_\_\_ (fee \$ \_\_\_\_\_)

| CLAIMS AS AMENDED   |                                    |                                   |                                      |                                     |              |     |              |      |                 |           |           |           |           |           |  |              |                                   |                                   |                                     |                                     |  |              |                                |                                 |                                 |                                 |        |
|---|------------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|--------------|-----|--------------|------|-----------------|-----------|-----------|-----------|-----------|-----------|--|--------------|-----------------------------------|-----------------------------------|-------------------------------------|-------------------------------------|--|--------------|--------------------------------|---------------------------------|---------------------------------|---------------------------------|--------|
| FOR   | (1)                                |                                   | (2)                                  | (3)                                 | (4)          |     | (5)          |      | (6)             |           |           |           |           |           |  |              |                                   |                                   |                                     |                                     |  |              |                                |                                 |                                 |                                 |        |
|   | "CLAIMS REMAINING AFTER AMENDMENT" |                                   | "HIGHEST NUMBER PREVIOUSLY PAID FOR" | PRESENT EXTRA                       | SMALL ENTITY |     | LARGE ENTITY |      |                 |           |           |           |           |           |  |              |                                   |                                   |                                     |                                     |  |              |                                |                                 |                                 |                                 |        |
|   |                                    |                                   |                                      |                                     | RATE         | FEE | RATE         | FEE  | ADDITIONAL FEES |           |           |           |           |           |  |              |                                   |                                   |                                     |                                     |  |              |                                |                                 |                                 |                                 |        |
| TOTAL CLAIMS  | 51                                 | MINUS                             | 51                                   | 0                                   | X \$ 26.00   |     | X \$ 52.00   | 0.00 |                 |           |           |           |           |           |  |              |                                   |                                   |                                     |                                     |  |              |                                |                                 |                                 |                                 |        |
| INDEP. CLAIMS   | 03                                 | MINUS                             | 03                                   | 0                                   | X \$110.00   |     | X \$220.00   | 0.00 |                 |           |           |           |           |           |  |              |                                   |                                   |                                     |                                     |  |              |                                |                                 |                                 |                                 |        |
| [ ] First Presentation of a Multiple Dependent Claim  |                                    |                                   |                                      |                                     | \$195.00     |     | \$390.00     |      |                 |           |           |           |           |           |  |              |                                   |                                   |                                     |                                     |  |              |                                |                                 |                                 |                                 |        |
| SUBTOTAL OF ADDITIONAL FEES   |                                    |                                   |                                      |                                     |              |     |              |      | 0.00            |           |           |           |           |           |  |              |                                   |                                   |                                     |                                     |  |              |                                |                                 |                                 |                                 |        |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>EXTENSION</th> <th>1ST MONTH</th> <th>2ND MONTH</th> <th>3RD MONTH</th> <th>4TH MONTH</th> <th></th> </tr> </thead> <tbody> <tr> <td>Large Entity</td> <td><input type="checkbox"/> \$130.00</td> <td><input type="checkbox"/> \$490.00</td> <td><input type="checkbox"/> \$1,110.00</td> <td><input type="checkbox"/> \$1,730.00</td> <td></td> </tr> <tr> <td>Small Entity</td> <td><input type="checkbox"/> 65.00</td> <td><input type="checkbox"/> 245.00</td> <td><input type="checkbox"/> 555.00</td> <td><input type="checkbox"/> 895.00</td> <td style="text-align: right;">\$0.00</td> </tr> </tbody> </table> |                                    |                                   |                                      |                                     |              |     |              |      |                 | EXTENSION | 1ST MONTH | 2ND MONTH | 3RD MONTH | 4TH MONTH |  | Large Entity | <input type="checkbox"/> \$130.00 | <input type="checkbox"/> \$490.00 | <input type="checkbox"/> \$1,110.00 | <input type="checkbox"/> \$1,730.00 |  | Small Entity | <input type="checkbox"/> 65.00 | <input type="checkbox"/> 245.00 | <input type="checkbox"/> 555.00 | <input type="checkbox"/> 895.00 | \$0.00 |
| EXTENSION   | 1ST MONTH                          | 2ND MONTH                         | 3RD MONTH                            | 4TH MONTH                           |              |     |              |      |                 |           |           |           |           |           |  |              |                                   |                                   |                                     |                                     |  |              |                                |                                 |                                 |                                 |        |
| Large Entity  | <input type="checkbox"/> \$130.00  | <input type="checkbox"/> \$490.00 | <input type="checkbox"/> \$1,110.00  | <input type="checkbox"/> \$1,730.00 |              |     |              |      |                 |           |           |           |           |           |  |              |                                   |                                   |                                     |                                     |  |              |                                |                                 |                                 |                                 |        |
| Small Entity  | <input type="checkbox"/> 65.00     | <input type="checkbox"/> 245.00   | <input type="checkbox"/> 555.00      | <input type="checkbox"/> 895.00     | \$0.00       |     |              |      |                 |           |           |           |           |           |  |              |                                   |                                   |                                     |                                     |  |              |                                |                                 |                                 |                                 |        |
| <p>[ ] An extension for _____ month(s) has already been secured and the fee paid therefore of \$_____ is deducted from the total fee due for the total month(s) of extension now requested.</p> <p>[X] Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.</p>   |                                    |                                   |                                      |                                     |              |     |              |      |                 |           |           |           |           |           |  |              |                                   |                                   |                                     |                                     |  |              |                                |                                 |                                 |                                 |        |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT   |                                    |                                   |                                      |                                     |              |     |              |      | \$0.00          |           |           |           |           |           |  |              |                                   |                                   |                                     |                                     |  |              |                                |                                 |                                 |                                 |        |


Charge \$\_\_\_\_\_ to Deposit account 20-0090. At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account 20-0090 pursuant to 36 CFR 1.25. Additionally, please charge any fees to Deposit Account 20-0090 under 37 CFR 1.16 through 1.21 inclusive, and any other sections in Title 37 of the Code of Federal Regulations that may regulate fees. A duplicate copy of this sheet is enclosed.

CERTIFICATE OF ELECTRONIC FILING

I hereby certify that this correspondence is being transmitted to the U.S. Patent and Trademark Office via electronic filing on:

Respectfully submitted,

By

  
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 Attorney/Agent for Applicant(s)

Date: September 11, 2009

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